

www.dgs.virginia.gov/parking



Parking Services and Building Access Section 102 Governor Street Richmond, Virginia 23219 Phone: (804) 786-5675

Fax: (804) 786-5911 AccessCard@dgs.virginia.gov

Identification and Building Access Card Application Non-State Employee

All non-state employees who provide services or work in a building at the Capitol Complex are required to submit this application. This information will be used as a basis for issuance of a security clearance and suitability determination. Your Social Security Number may be requested to exclude potentially derogatory information. Information contained herein is authorized by Sections 2.2-3803, 15.2-1722, and 30-34.2:1 of the Code of Virginia.

Contractors must submit this form, with the first page completed, to the Access Card Coordinator at the agency they will be working for. Contact information for Access Card Coordinators can be found on the DGS website (www.dgs.virginia.gov/parking).

PART 1: Company's Informatio	n				
Company Name:					
Name of Contact at Company:					Phone:
Fax: Ema	ail:				
Employer Identification Number / Federal Tax Identification Number:					
PART 2: Applicant's Information	n				
First Name: (legal name)		N	1iddle Na	ame:	
Last Name:				☐ Initial I	ssue Renewal/Replacement
Position Title:					
Phone:	Email:				
Date of Birth: (mm/dd/yyyy)	Sex:	Sex: Male Female			Race:
Driver's License Number:			State 1 Licens	Issuing the e:	

By providing your signature below you agree that the information you have provided is accurate. Any false information submitted will be grounds for denial/revocation of any clearances issued and/or prosecution under state law. I agree that I will:

- Safeguard the card and not allow it to be used by anyone else;
- Illegal possession of cards will be prosecuted under all applicable state laws;
- Notify the Agency Coordinator immediately if the card is lost or stolen;
- Pay the \$15.00 fee if my card needs to be replaced;
- Return the card to the Agency Coordinator immediately upon termination of my employment;
- Wear the card at chest level on my outermost garment and in clear view.

Signature of Applicant:	Date:

PART 3:	Agency Card	l Coordin	ator Con	npletes					
Coordina	tor's Name:		Phone:	804-786-4203					
Agency:	Department o								
Division/	Sub-Unit:	General Se	rvices						
Start/Effective Date:				Termination/Expiration Date: (Maximum is One Year)					
Check the	e Appropriate	☐ Acce	ss Change	(new card	not issued) 🔀 In	itial Issue	Renewal		
		Replace	Card Beca	use:	Broken 🗌 Lost	☐ Stoler	n Name Change		
Building Number		oup			Access Level				
784	Tax		I 🗌 II		☐ No Access, II	Card On	y (don't fill in Access Grou		
			I 🗌 II		☐ No Access, II	Card On	y (don't fill in Access Grou		
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			II \square II		☐ No Access, II	Card On	y (don't fill in Access Grou		
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	Level Hours				ays				
	I 6:30am - 6:00p			ay-Frida					
	II 24 Hours	•			ıy (No Holidays) ear				
Signature	e of Agency Sup	ervisor:				Date	: :		